| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | KM | 1097 | 9121 |
| O.I.P.E. CLASSIFIER | | | |
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| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | ............................ Rejected | N | ............................ Non-elected |
| = | ............................ Allowed | I | ............................ Interference |
| — | (Through numeral)... Canceled | A | ............................ Appeal |
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| | 10 | ✔ | | | | | |
| | 11 | ✔ | | | | | |
| | 12 | N | | | | | |
| | 13 | N | | | | | |
| | 14 | N | | | | | |
| | 15 | N | | | | | |
| | 16 | N | | | | | |
| | 17 | N | | | | | |
| | 18 | N | | | | | |
| | 19 | N | | | | | |
| | 20 | N | | | | | |
| | 21 | N | | | | | |
| | 22 | ✔ | | | | | |
| | 23 | ✔ | | | | | |
| | 24 | N | | | | | |
| | 25 | N | | | | | |
| | 26 | ✔ | | | | | |
| | 27 | ✔ | | | | | |
| | 28 | ✔ | | | | | |
| | 29 | ✔ | | | | | |
| | 30 | ✔ | | | | | |
| | 31 | ✔ | | | | | |
| | 32 | ✔ | | | | | |
| | 33 | ✔ | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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